

**TOWN OF CORNWALL KINDERKAMP
REGISTRATION FORM 2016**

SESSION 1 _____ **2** _____

CHILD'S NAME: _____ DATE OF BIRTH: _____ AGE: _____

FIRST MI LAST

ADDRESS: _____

STREET

TOWN

ZIP

TELEPHONE #: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

ANY DISTINGUISHING MARKS/CHARACTERISTICS: _____

PARENT/GUARDIAN NAME: _____ #: _____

DAYTIME TELEPHONE

E-MAIL ADDRESS _____

PARENT/GUARDIAN WILL BE CALLED FIRST IN AN EMERGENCY. IF YOU CANNOT BE REACHED
PLEASE NAME ANOTHER PERSON TO CONTACT::

NAME: _____ RELATION TO CHILD: _____

DAYTIME TELEPHONE # _____

CHILD'S MEDICAL HISTORY: _____ PLEASE CHECK ONE OF THE FOLLOWING:

_____ MY CHILD HAS NO KNOWN MEDICAL CONDITION THAT THE CAMP DIRECTOR AND CAMP
MEDICAL STAFF SHOULD BE ADVISED OF.

_____ MY CHILD HAS ONE OR MORE MEDICAL CONDITIONS THAT THE CAMP STAFF SHOULD BE
ADVISED OF. ***PLEASE FILL OUT THE NEXT SECTION***

MY CHILD HAS THE FOLLOWING ALLERGIES: _____

MEDICAL CONDITIONS: (EX: ASTHMA) _____

ANY SURGERY/PROCEDURE STILL REQUIRING DOCTOR SUPERVISION: _____

IF YOU ARE ADVISING THE CAMP STAFF OF ANY MEDICAL INFORMATION PLEASE PROVIDE THE
FOLLOWING INFORMATION:

DOCTOR'S NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

DATE _____

SIGNATURE OF PARENT/GUARDIAN _____

CAMP T-SHIRT SIZES:
CHILD SIZES: SMALL

CIRCLE ONE
MEDIUM

LARGE

X-LARGE